



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

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BOARD OF SUPERVISORS

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ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

June 06, 2012

50 June 6, 2012

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

**APPROVAL TO AMEND AGREEMENT NUMBER PH-001644 WITH
THE NURSE-FAMILY PARTNERSHIP TO EXTEND THE TERM
EFFECTIVE JULY 1, 2012 THROUGH JUNE 30, 2015
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Request approval to amend an agreement with the Nurse-Family Partnership to continue the Nurse-Family Partnership - Los Angeles Program.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of the Department of Public Health (DPH), or his designee, to execute an amendment, Exhibit I, to Agreement Number PH-001644 with the Nurse Family Partnership (NFP) to extend the term effective July 1, 2012 through June 30, 2015, in the annual amount of \$120,352 for a total maximum County obligation of \$361,056; 100 percent offset by Intra-Fund Transfer (IFT) monies from the Department of Mental Health (DMH) to support the NFP-Los Angeles (LA) Program.
2. Delegate authority to the Director of DPH, or his designee, to execute amendments to the agreement that allow for the rollover of unspent funds; adjust the term of the agreement through December 31, 2015; and/or provide an internal reallocation of funds between budgets, an increase, or a decrease in funding up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable agreement term, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The DPH NFP-LA Program currently employs specially-trained Public Health Nurses (PHN) to provide home-based services to over 350 youth who are pregnant for the first time, living in poverty, and at very high risk for poor birth and social outcomes. Goals include fostering healthier pregnancies, improving the health and development of children, and encouraging family self-sufficiency. This evidence-based program uses proven protocols and interventions to substantially better the life course of the young families by reducing their use of welfare programs, stopping child abuse and neglect, addressing drug use by pregnant women, and improving the health and development of their first-born child.

Approval of Recommendation 1 will allow DPH to amend the agreement with NFP to extend the term for the continued provision of NFP services. Under the agreement, NFP provides as needed training for new PHNs, ongoing nurse home visitor training, and program support for data analysis and technical assistance for DPH NFP-LA Program services.

Approval of Recommendation 2 will allow DPH to execute amendments to the agreement to adjust the term of the agreement; rollover unspent funds; and/or internally reallocate funds between budgets and/or increase or decrease funding up to 10 percent above or below the annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable agreement term. This recommended action will enable DPH to amend the agreement to adjust the term for a period of up to six months beyond the expiration date. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable funding to allow additional time to complete services and utilize funds.

Recommendation 2 will also enable DPH to amend the agreement to allow for the provision of additional units of funded services that are above the service level identified in the current agreement and/or the inclusion of unreimbursed eligible costs, based on the availability of funds and DMH approval. While the County is under no obligation to pay a contractor beyond what is identified in the original executed agreement, the County may determine that the contractor has provided evidence of eligible costs for qualifying contract services and that it is in the County's best interest to increase the maximum contract obligation as a result of receipt of additional funds or a determination that funds should be reallocated. This recommendation has no impact on net County cost.

Implementation of Strategic Plan Goals

The recommended actions support Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The annual cost of the recommended amendment with NFP is \$120,352, for a total County maximum obligation of \$361,056 for the term of July 1, 2012 through June 30, 2015; 100 percent offset by IFT funds from DMH, contingent upon the availability of funds and DMH's approval of funds.

Funding is included in DPH's 2012-13 Recommended Budget and will be requested in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On February 18, 2000, your Board approved an agreement with the Board of Regents of the University of Colorado for, and on behalf of, the University of Colorado Health Science Center (UCHSC) for the NFP Program. UCHSC was the sole provider of these services as they were the proprietor of the program protocols and the only source for training and technical assistance.

On August 30, 2005, your Board approved an agreement with NFP when responsibility for national replication of the NFP Program was transferred from UCHSC to NFP; effective August 30, 2005 through June 30, 2006, with provisions for two one-year automatic renewal periods through June 30, 2008, at a total County maximum obligation of \$73,001.

On June 17, 2008 and May 17, 2011, your Board approved renewal of the sole source agreement with NFP through June 30, 2012.

On April 10, 2012, your Board approved an amendment to the agreement with NFP for the expansion of services to provide Maternal Infant and Early Childhood Home Visiting Program nurse training services effective upon the date of execution through June 30, 2013, for a total estimated maximum obligation of \$120,000; 100 percent offset by federal Title V funds awarded through the California Department of Public Health.

County Counsel has reviewed and approved Exhibit I as to use.

CONTRACTING PROCESS

NFP is responsible for the nation-wide replication of the NFP Program and therefore is the only provider capable of providing these services. NFP ensures that NFP-LA continues to provide the program with fidelity to the research model and adhere to the proven protocols.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of this action will allow for the continuation of the NFP-LA Program, an evidence-based program designed to provide mental health prevention and early intervention services to low-income pregnant teens and women in their first pregnancy.

The Honorable Board of Supervisors

6/6/2012

Page 4

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jonathan E. Fielding". The signature is written in a cursive, flowing style.

JONATHAN E. FIELDING, M.D., M.P.H.

Director and Health Officer

JEF:yl

Enclosures

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

NURSE-FAMILY PARTNERSHIP PROGRAM SERVICES AGREEMENT

Amendment No. 1

THIS AMENDMENT is made and entered into this _____

day of _____, 2012,

by and between COUNTY OF LOS ANGELES (hereafter
"County"),

and NURSE-FAMILY PARTNERSHIP (hereafter
"Contractor").

WHEREAS, reference is made to that certain document entitled "NURSE-FAMILY PARTNERSHIP PROGRAM SERVICES AGREEMENT", dated July 1, 2011, and further identified as Agreement No. PH-001644, and any Amendments thereto (all hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend Agreement to extend the term and increase the maximum obligation of County and make other hereafter designated changes; and

WHEREAS, said Agreement provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective July 1, 2012.
2. Paragraph 1, TERM, subparagraph one, shall be revised to read as follows:

“The term of this Agreement shall be effective July 1, 2011 and shall continue in full force and effect unless sooner canceled or terminated, through June 30, 2015.”

3. Paragraph 2, DESCRIPTION OF SERVICES, subparagraph A, shall be revised to read as follows:

“A. Contractor shall provide services in the manner described in Exhibit A (July 1, 2011- June 30, 2012), and Exhibit A-1 (July 1, 2012- June 30, 2013), attached hereto and incorporated herein by reference.”

4. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, Subparagraphs B, C, and D, shall be added to read as follows:

“B. During the period effective July 1, 2012 through June 30, 2013, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred Twenty Thousand, Three Hundred Fifty-Two Dollars (\$120, 352). This sum represents the total maximum obligation of County as shown in Schedule 2-A, attached hereto and incorporated herein by reference.

C. During the period July 1, 2013 through June 30, 2014, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred Twenty Thousand, Three Hundred Fifty-Two Dollars (\$120,352). This sum represents the total maximum obligation of County as shown in Schedule 3-A, attached hereto and incorporated herein by reference.

D. During the period July 1, 2014 through June 30, 2015, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred Twenty Thousand, Three Hundred Fifty-Two Dollars (\$120,352). This sum

represents the total maximum obligation of County as shown in Schedule 4-A, attached hereto and incorporated herein by reference.”

5. Effective July 1, 2012, Exhibit A-1, STATEMENT OF WORK, shall be attached hereto and incorporated herein by reference.

6. Effective July 1, 2012, Schedules 2-A, 3-A and 4-A, shall be attached hereto and incorporated herein by reference.

7. Except for the changes set forth herein above, Agreement shall not be changed in any respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Director of Public Health, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Jonathan E. Fielding, M.D. M.P.H.
Director and Health Officer

NURSE-FAMILY PARTNERSHIP
Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
JOHN F. KRATTLI
Acting County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By _____
Patricia Gibson, Chief
Contracts and Grants Division
#02178 yl

EXHIBIT A-1

STATEMENT OF WORK

NURSE-FAMILY PARTNERSHIP

NURSE-FAMILY PARTNERSHIP PROGRAM SERVICES

1. SERVICES TO BE PROVIDED: Contractor (hereafter also referred to "NFP") shall provide training for new public health nurses, as needed, provide ongoing nurse home visitor training, and program support for data analysis and technical assistance for DPH's Nurse Family Partnership - Los Angeles Program (hereafter "Program" or "Site"), during the term of this Agreement.

2. PERIOD OF PERFORMANCE: The period of performance under this exhibit shall be effective July 1, 2012 through June 30, 2015.

3. REIMBURSEMENT: Subject to the provisions of the BILLING AND PAYMENT paragraph of this Agreement, County shall compensate Contractor for performing services hereunder according to Schedules 2-A, 3-A, and 4-A attached hereto.

4. DEFINITIONS: In addition to the terms defined elsewhere in this Agreement, the following terms shall have the meanings set forth below:

- "ETO™" means the "Efforts to Outcomes™" software platform and denotes a computerized record/data system that NFP makes available to Site, into which designated, NFP-approved Site staff enter data collected about Clients and the Program, and from which the Parties can obtain reports to help manage and evaluate program implementation and results. The ETO web-based information system helps ensure quality program implementation, accountability, and continuous program improvement

- "ETO Website" means the Internet Uniform Resource Locator (URL) through which designated, NFP-approved Site personnel can access the ETO to enter data and

obtain certain reports and other services. ETO software is secured against unauthorized use by VeriSign® 128-bit Security Encryption, the industry standard in Internet site protection. Authorized access to the ETO Website can only be provided by NFP.

- “Client” means a low-income, first-time mother who is enrolled in the Program implemented by Site.

- “Fidelity to the Model” means implementing the Program in a manner consistent with the Model Elements and therefore maximizing the likelihood of achieving results comparable to those measured in research.

- “Home Visit Guidelines” means a written guide or guides for how a Nurse Home Visitor schedules and conducts visits with Clients during their participation in the Program.

- “Location” means the work address of a Program Supervisor.

- “Program Supervisor” means a person who supervises up to eight Nurse Home Visitors who implement the Program on behalf of Site.

- “Proprietary Property” means all of (i) the Program, (ii) the Model Elements, (iii) the name “Nurse-Family Partnership” and the acronym “NFP” when used in connection with the Logo and the goodwill associated therewith, (iv) NFP and ETO website content and (v) the copyrighted materials and other materials used in the Program as of the date hereof that would be designated as protected intellectual property under applicable law, including all modifications, additions, updates, and derivative works thereof and all of the rights of NFP and its licensors associated with this property. Proprietary Property shall also mean individually and collectively all ideas, concepts, designs, methods, inventions, modifications, improvements, new uses, and discoveries which are conceived and/or made in the performance of the responsibilities stated under this Agreement solely by one or more of Site and/or NFP and which are incorporated into the Program or Proprietary Property.

- "Research" means any activity, including program evaluation and/or quality improvement activities, (i) that would, according to Federal regulations, require review by an Institutional Review Board ("IRB"), or (ii) that could be expected to yield generalizable knowledge that could be shared publicly with the professional, academic, and/or lay communities.

- "Team" means a half- to full-time Program Supervisor and the Nurse Home Visitors who report to the Program Supervisor.

5. GENERAL CONDITIONS: When the Program is implemented in accordance with these Model Elements, the Parties can reasonably have a high level of confidence that results will be comparable to those measured in research. Conversely, if implementation does not incorporate these Model Elements, results may be different from research results. During the term of this Agreement, Contractor and County agree to the following:

A. Clients:

- Enrollment and participation in the Program is voluntary;
- Clients include first-time mothers only;
- Clients include low-income mothers only,
- Site enrolls at least sixty percent (60%) of Clients enrolled in the Program by the 16th week of pregnancy and one hundred percent (100%) no later than the 28th week; and
- Each Client enrolled is visited by a nurse home visitor throughout her pregnancy and the first two years of her child's life.

B. Nurse home visitors. Each nurse home visitor will:

- Be a Registered Nurse with a Baccalaureate Degree in Nursing, as minimum qualifications;
- Attend education sessions conducted by NFP staff, covering pregnancy, infancy, and toddler Home Visit Guidelines and other Program Information;

- Follow the NFP Home Visit Guidelines, which specify the appropriate visit schedule, the desired structure and content of each visit, and Program assessments and interventions to be used;
- Apportion home visit time among content domains within the ranges specified;
- Employ the clinical methods promoted by the Program, i.e., strengths-based, solution-focused strategies for forming empathic relationships with parents and promoting adaptive behavior change;
- Carry a caseload of no more than twenty-five (25) families per full-time employee;
- Work at least half time (twenty [20] hours per week) on the Program; and
- Collect data about activity, visit content, mothers, and children according to the schedule and procedures specified in the NFP Data Collection Manual.

C. Program Supervisors. Each Program Supervisor will:

- Be a Registered Nurse with a Baccalaureate Degree in Nursing, as minimum qualifications;
- Attend education sessions conducted by NFP staff, covering pregnancy, infancy and toddler Home Visit Guidelines and other Program information, as well as nurse home visitor supervision;
- Carry a supervisory load of no more than eight nurse home visitors (per full-time Program Supervisor);
- Work at least half time (twenty [20] hours per week) on the Program;
- Use Program Reports to assess and manage areas where systems, organizational, or operational changes are needed in order to enhance the overall quality of Program operations and to inform reflective supervision with each nurse;

- Meet one-on-one with each nurse home visitor at least weekly to provide clinical supervision, preferably in person but by telephone where travel constraints limit nurse or Program Supervisor mobility;
- Conduct at least four (4) team meetings per month: two (2) to discuss Program implementation and two (2) case conferences to identify client problems and solutions;
- Invite experts from other disciplines to participate in case conferences whenever cases require such consultation;
- Make a minimum of one (1) home visit every four (4) months with each nurse; and
- Develop and convene at least quarterly a Community Advisory Board with diverse representation from the community and dedicated specifically to the Site's implementation of the NFP Program.

D. Administrative Support. Each Site will employ a person (at least five tenths [0.5] full-time equivalents per one hundred [100] mothers enrolled) to provide support to the nurse home visitors and Program Supervisor, including:

- Ensure that data about nurse home visitor activity, visit content, mothers, and children are entered into the ETO system completely and accurately on a timely basis; and
- Provide general administrative support.

E. Implementing Organization. The Program will be located in and run by an organization known in the community for being a successful provider of services to low-income families.

5. CONTRACTOR RESPONSIBILITIES: During the term of this Agreement, Contractor shall provide County with the following activities and/or services to support the program:

A. OBLIGATIONS

- Grants to County a non-exclusive limited right and license to use the Proprietary Property for the purpose of carrying out County's obligations under this Agreement in the geographic area within which nurse home visitors serve Clients.
- Will provide support to help County implement the Program.
- May, from time to time, request that County collect additional data and/or participate in research or evaluations initiated by Contractor and intended to help improve the Program.
- Shall submit invoices to County for services provided, listing a date of provision, a description of each such service, and amounts based upon the program budget(s) provided in the Schedule(s) attached hereto.

B. Program Support

- Provides support to help County implement the Program with Fidelity to the Model including:
 - Materials to help Site;
 - Maintain telecommunications and computer capabilities with NFP-NSO;
 - Providing assistance in recruiting and hiring Program Supervisors, Nurse Home Visitors, and administrative support staff;
 - Facilitate enrollment of Clients;
 - Build and maintain a network of social services that can provide support to Site's Clients;
 - Work with media;
 - Establish and advocate for strong, stable, and sustainable funding for Site operations;
- Provide and update an ETO Users' Manual that provides instructions

describing what data must be collected for the ETO by Site staff, how that data must be entered into the ETO, and how reports can be obtained.

Contractor may modify the ETO users' manual from time to time and will provide County with updated versions on a timely basis;

- Access to an internet-based discussion forum with other entities that are implementing the Program;

C. Provides ongoing support to County via telephone and email during Program implementation and operation, including:

- Consultation with respect to topics such as human resources, developing community support, keeping interested constituencies informed about progress and results, planning and implementing expansion, and sustaining and increasing funding;
- Clinical consultation for Program Supervisors and Nurse Home Visitors;
- Consultation regarding data collection, entry, management, and interpretation; and
- On-site consultation as is mutually deemed necessary and appropriate.

D. Provides a description of education programs, both required and optional, and a schedule of upcoming education events and locations. Contractor may modify the specific names, descriptions, and content of education programs, as well as their schedule and locations from time to time and will inform County of such modifications on a timely basis.

E. Provides education to Program Supervisors and nurse home visitors at dates and locations to be determined by Contractor. Education will cover the following topics:

- The Program, Program Benefits, and Model Elements;
- Use of the ETO, including data collection, entry, management, and interpretation;

- Implementation of the Program using the NFP Visit Guidelines and associated tools and materials;
- Knowledge and skills needed by the NFP Program Supervisor; and
- Other aspects of the Program that NFP believes are warranted for successful Program implementation by the staff at Site.

F. Provides Home Visit Guidelines and other materials to help Program Supervisors and nurse home visitors implement the Program with Fidelity to the Model Elements. Contractor may modify the Home Visit Guidelines from time to time and will provide County with updated versions on a timely basis.

G. Provides support for County's use of the ETO, including:

- Monitoring the County's data collection and entry activity and quality and providing feedback to County as appropriate;
- Maintaining and supporting ETO software;
- Upgrading ETO software when deemed necessary by Contractor; and
- Technical assistance via telephone or e-mail to support County's use of the ETO.

H. Provides on demand access to ETO reports Contractor deems commercially reasonable and necessary to meet the needs of County and entities to which County may be obligated to provide such information. Subject to applicable State and federal laws, if any, such reports include:

- Site Activity Reports designed primarily for Program Supervisors and nurse home visitors to help them manage nurse home visitor activity.
- Quality Improvement. Reports aimed to help County improve Fidelity to the Model including reports designed (1) to assist Program Supervisors and nurse home visitors identify and prioritize actions for improving Program outcomes, and (2) to help Contractor staff assess how County is performing

with respect to Fidelity to the Model.

- Program Outcomes. Reports designed to help Program Supervisors and funding decision makers assess the effectiveness of the Program as applied to County's particular circumstances.

These reports are available from the ETO Website on demand. Contractor may modify the ETO reports from time to time.

I. Will provide artwork and color and usage guidelines to help County develop and produce communications materials that properly use the Contractor trademark, logo, tag lines, and other copyrighted or otherwise protected language, images, and materials controlled by Contractor.

J. From time to time, Contractor may engage either internal or external auditors to evaluate the performance of the County. Each County Site will cooperate fully with any quality audit that is undertaken by or on behalf of Contractor.

6. COUNTY RESPONSIBILITIES: During the term of this Agreement, County shall provide the following activities and/or services to the Program:

A. OBLIGATIONS.

- Implement the Program with Fidelity to the Model and will undertake the steps described in this Agreement in order to do so.
- Take all appropriate steps to maintain client confidentiality and obtain any necessary written consent for data analysis or disclosure of protected health information, in accordance with applicable State and federal laws, including, but not limited to, authorizations, data use agreements, business associate agreements, as necessary.
- Make reasonable efforts to collect additional data and/or participate in research initiated by Contractor and intended to help improve the Program.
- Protect all Proprietary Property that belongs to Contractor or its licensors.

- Will prohibit the distribution of or access to Home Visit Guidelines and the ETO computerized system or data fields to any individual or organization not party to the administration and operation of the Program. County agrees to make no changes or alterations to the ETO software, and to allow only trained, authorized users to access the ETO Website. If a person leaves County's employ, County will retrieve all Proprietary Property that the person may have in their possession and notify Contractor so departing employee's access to ETO can be terminated.

B. To ensure that the Program is implemented with Fidelity to the Model, County will undertake the following actions during ongoing operation: County will:

- Set up an appropriate workspace for staff who are to implement the Program;
- Establish appropriate telecommunications and computer capabilities for staff;
- Recruit and hire Program Supervisors, nurse home visitors, and administrative support staff;
- Establish a network of referral sources that may refer low-income, first-time mothers to Site;
- Enroll clients that meet the criteria specified in the Model Elements.
- Establish a network of social services that can provide support to Site's Clients;
- Work with media to ensure timely and accurate communication to the public about the Program and its implementation by Site;
- Inform the community and build support for Site, the Program, and Program Benefits;
- Establish strong, stable, and sustainable funding for Site operations; and

- Utilize Contractor's Internet-based discussion forum to share learning with other entities that are implementing the Program.
- C. Keep Contractor informed of implementation issues that arise.
- D. Ensure that all Program Supervisors, nurses, and administrative staff attend, participate in, and/or complete education programs required by Contractor, do so on a timely basis, and, upon completion, demonstrate a level of competence deemed satisfactory by Contractor.
- E. Ensure that no Nurse Home Visitor is assigned a case load or makes a Client visit (except in the company of a NFP-trained nurse home visitor) until after she/he has completed education on the Program, Program Benefits, Model Elements, use of the ETO, and implementation of the Program for mothers who are pregnant.
- F. Implement the Program in accordance with Home Visit Guidelines including:
 - Ensure enrollment of 23 to 25 first-time mothers per full-time Nurse Home Visitor within nine months of beginning implementation and make best efforts to maintain that level of enrollment on an ongoing basis;
 - Ensure that each full-time Nurse Home Visitor carries a caseload of not more than twenty-five (25) active families;
 - Maintain the established visit schedule; and
 - Ensure that the essential Program content as described in the Home Visit Guidelines is covered with Clients by nurse home visitors.
- G. Ensure the availability of appropriate, fully functioning computer systems and software at County for use of the ETO and for communication with Contractor by email.
- H. Ensure that Program Supervisors and nurse home visitors collect required data for the ETO and enter it completely and accurately on or before the last day of each calendar month, taking all appropriate steps to maintain client confidentiality and obtain any necessary written permissions or agreements for data analysis or disclosure of

protected health information, in accordance with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, including, but not limited to, authorizations, data use agreements, business associate agreements, as necessary. Failure of County to comply with any applicable provision of HIPAA will constitute a breach of this Agreement.

I. Ensure that Program Supervisors:

- Aim to develop a supportive relationship with the nurse home visitors she/he supervises;
- Meet one-on-one with each nurse home visitor at least weekly to provide clinical supervision using reflection, preferably in person but by telephone where travel constraints limit nurse or Program Supervisor mobility;
- Run activity reports and quality improvement reports from the ETO Website on a timely basis (typically monthly); use such reports to assess areas where systems, organizational, or operational changes are needed in order to enhance the overall quality of program operations; and develop and implement action plans based on such assessments.

J. Develop a Community Advisory Board with diverse representation (for example, health, mental health, education, criminal justice, youth, business, social services, faith-based leaders, other prominent community organization leaders) to ensure broad-based community support for County's implementation of the Program.

K. Contractor will periodically assess the extent to which County is implementing the Program with Fidelity to the Model. When such assessment indicates opportunities for County to improve its results by strengthening Fidelity to the Model, Contractor staff will meet with Program supervision and mutually develop a plan to do so.

L. Arrange and provide Nursing Child Assessment Satellite Training ("NCAST") for nurses and supervisory staff involved in the Program before or approximately six (6)

to eight (8) weeks following the initial core training. Additional nurses beyond the designated Program staff may attend this training as determined by County.

M. RESTRICTIONS ON COUNTY

- Subcontracting. County shall not subcontract any of its obligations or responsibilities under this Agreement without the prior written consent of Contractor. County may continue to fulfill its obligations under subcontracts currently in effect at the time of execution of this Agreement. County currently has an Agreement with City of Long Beach and a Memorandum of Understanding with the Los Angeles County Unified School District for the provision of Nurse-Family Partnership program services.

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
NURSE FAMILY PARTNERSHIP PROGRAM SERVICES

Nurse-Family Partnership

FY July 1, 2012- June 30, 2013

<u>DESCRIPTION</u>	<u>COST PER UNIT</u>	<u>TOTAL UNIT</u>	<u>BUDGET</u>
Nurse Home Visitor Education Initial Nurse Home Visitor Education	\$4,069	9	\$36,621
NFP Program Supervisor Education Initial Supervisor Education	\$ 734	9	\$ 6,606
Nurse Home Visitor Educational Materials NFP Home Visit Guidelines and supporting materials for nurse home visitors or NFP Program Supervisors register for Unit 1.	\$ 517	9	\$ 4,653
Administrator Orientation An administrative overview of NFP and a forum for NFP administrators to connect. This fee applies once for each attending administrator.	\$ 480	3	\$ 1,440
Program Support – Per Supervisor NFP Non-Exclusive License fee, data systems Operation and use; Program Quality system; Reporting and related support; Ongoing Education; Marketing Communications consultation and support; Program Development and supporting materials for nurse home visitors or NFP Program Supervisors register for Unit 1.	\$7,046 Per Supervisor	6	\$42,276

Los Angeles Nurse Consultant (NC) Support

Fee for tools, processes, and guidance to the the Los Angeles NC to support implementing agencies; implementation and performance improvement planning; coaching and consultation; and ongoing education.

\$ 18,331 1 \$ 18,331
 Per NC

Nurse Consultant Expansion/Replacement Fee

Covers extra support and training required if a new NC position is added or a vacant position is filled. Due when the NC is hired.

\$ 3,666 Per new NC \$ 3,666

Nurse Consultation Support per Supervisor

Contributes towards cost of support to Supervisors. The full fee is charged for the first Supervisor position at a geographic location and a reduced fee is charged for each additional Supervisor.

6 Supervisors \$ 6,759
 \$ 1,689 First Supervisor
 \$ 1,014 Each addtl. Supervisor

TOTAL COST: \$ 120,352

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
NURSE FAMILY PARTNERSHIP PROGRAM SERVICES

Nurse-Family Partnership

FY July 1, 2013- June 30, 2014

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	6 Supervisors	\$ 6,759
\$ 1,689	First Supervisor	
\$ 1,014	Each addtl. Supervisor	

TOTAL COST:	\$ 120,352
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COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
NURSE FAMILY PARTNERSHIP PROGRAM SERVICES

Nurse-Family Partnership

FY July 1, 2014- June 30, 2015

<u>DESCRIPTION</u>	<u>COST PER UNIT</u>	<u>TOTAL UNIT</u>	<u>BUDGET</u>
Nurse Home Visitor Education Initial Nurse Home Visitor Education	\$4,069	9	\$36,621
NFP Program Supervisor Education Initial Supervisor Education	\$ 734	9	\$ 6,606
Nurse Home Visitor Educational Materials NFP Home Visit Guidelines and supporting materials for nurse home visitors or NFP Program Supervisors register for Unit 1.	\$ 517	9	\$ 4,653
Administrator Orientation An administrative overview of NFP and a forum for NFP administrators to connect. This fee applies once for each attending administrator.	\$ 480	3	\$ 1,440
Program Support – Per Supervisor NFP Non-Exclusive License fee, data systems Operation and use; Program Quality system; Reporting and related support; Ongoing Education; Marketing Communications consultation and support; Program Development and supporting materials for nurse home visitors or NFP Program Supervisors register for Unit 1.	\$7,046 Per Supervisor	6	\$42,276

SCHEDULE 4-A
Page 2 of 2

Los Angeles Nurse Consultant (NC) Support

Fee for tools, processes, and guidance to the the Los Angeles NC to support implementing agencies; implementation and performance improvement planning; coaching and consultation; and ongoing education.

\$ 18,331	1	\$ 18,331
Per NC		

Nurse Consultant Expansion/Replacement Fee

Covers extra support and training required if a new NC position is added or a vacant position is filled. Due when the NC is hired.

\$ 3,666	Per new NC	\$ 3,666
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Nurse Consultation Support per Supervisor

Contributes towards cost of support to Supervisors. The full fee is charged for the first Supervisor position at a geographic location and a reduced fee is charged for each additional Supervisor.

	6 Supervisors	\$ 6,759
\$ 1,689	First Supervisor	
\$ 1,014	Each addtl. Supervisor	

TOTAL COST:	\$ 120,352
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